



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR
NASHVILLE, TN 37243-1159
PHONE (615) 741-1322 FAX (615) 741-1583

The following items are necessary to qualify for registration as an Explosives Handler:

1. Submit an application with a check or money order made payable to the Department of Commerce and Insurance in the amount of \$45 (\$15 is nonrefundable).
2. The application must be completed in its entirety. A registration will not be issued without a completed application on file.
3. The applicant must be at least 18 years of age (beginning 2008).
4. The applicant must understand, speak and write the English language.

Requirements for 3 Year Renewal of Handlers:

Certificates of Registration expire three (3) years following the date of issuance or renewal. They are invalid on that date unless renewed.

Submit a renewal form with a check or money order for \$30.00 made payable to the Department of Commerce and Insurance.

A minimum of 6 hours of State Fire Marshal approved continuing education must be completed. Proof of completion of the course must be received prior to the expiration date.

A late fee of twenty-five dollars (\$25.00) will be assessed for renewing after your registration expires. If you have not renewed your registration prior to one (1) year after expiration, you must begin the application process anew to obtain registration.

It is the responsibility of the registrant to notify this office of all address changes to ensure registration renewals are received in a timely manner.

Explosives Laws and Rules may be found at:
www.tennesseeanytime.org/laws/laws.html



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EXPLOSIVES HANDLER APPLICATION

Registration Fee: \$30.00 (3 Years)
Application Fee: \$15.00 (This is a nonrefundable application fee)
Total Fees Due: \$45.00

NOTE: MAKE CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF COMMERCE AND INSURANCE

Handler's Full Name _____

Mailing Address

Street: _____

City: _____ State: _____ Zip: _____ Telephone #: () _____

Email address: _____ Fax #: () _____

Home Address (if different than mailing address)

Street: _____

City: _____ State: _____ Zip: _____ Telephone #: () _____

Social Security # _____ - _____ - _____ Date of Birth _____ / _____ / _____
(Month/Day/Year)

Federal Permit # _____

Provide the name of the registered blasting firm you are working for:

Firm Name _____ Firm's TN License # _____

Firm Address _____
(Street Number, or R.F.D. and P.O. Box)

City _____ State _____ Zip _____ County _____

Are you a U. S. Citizen? **Yes** _____ **No** _____

According to Tenn. Code Ann. § 68-105-106(d), "[n]o person shall be eligible for registration who does not understand, speak and write the English language." Do you meet this requirement? **Yes** _____ **No** _____

I hereby apply for a registration certificate as a user of explosives subject to Tennessee Code Annotated, Title 68, Chapter 105, and by my signature I certify knowledge of storage, security and accountability regulations established by applicable statutes, rules, and adopted standards.

Signature of Applicant

Date

COMPLETE THE FOLLOWING QUESTIONNAIRE

The personal information requested on this form is required of all individuals who engage in any phase of blasting operations pursuant to Tennessee Code Annotated Title 68, Chapter 105.

Have you ever been convicted of a crime punishable by imprisonment for a term exceeding one (1) year?

Yes_____ **No**_____ If there has been such a conviction, please attach an explanation. Include: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

Do you suffer from mental or physical impairment that would interfere with the safe handling of explosives?

Yes_____ **No**_____ If yes, please attach an explanation.

I have answered all the above questions truthfully. I am aware that if I have given any false information, it may result in the denial or revocation of my explosive blaster's/limited blaster's/handler's registration. I am aware that if I violate any explosives law or regulation, or if I have violated or have been charged with, or convicted of any explosive law or regulation previously, this may result in the denial or revocation of my explosive blaster's/limited blaster's/handler's registration.

Signature of Applicant_____ Printed Name_____

Date_____

IT IS THE RESPONSIBILITY OF THE LICENSEE TO NOTIFY THIS OFFICE OF ALL ADDRESS CHANGES TO ENSURE RENEWAL NOTICES ARE RECEIVED IN A TIMELY MANNER.